DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: INNCARE OF ABBOTSFORD (0009252)

Address: 100 SOUTH FOURTH AVE, ABBOTSFORD, WI 54405

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093389 End Date: 08/31/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006387 Served 09/14/2004

Deficiencies Cited Subject Area Subject Area Verified

83.43(3)(b)1 TESTING BY SERVICE COMPANY 83.43(3)(b)2 TESTING OF SMOKE DETECTORS rified Corrected